

# 2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N98000002182

FILED  
Nov 14, 2013  
Secretary of State

**Entity Name:** RIVER PLACE ON THE ST. LUCIE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

430 NW LAKE WHITNEY PLACE  
PORT ST. LUCIE, FL 34986

**New Principal Place of Business:**

**Current Mailing Address:**

430 NW LAKE WHITNEY PLACE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 31-1663076

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROSS EARLE & BONAN, P.A.  
789 S FEDERAL HIGHWAY, SUITE 101  
STUART, FL 34994 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:** JACOB ENSOR, ESQ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** SMITH, LAWRENCE  
**Address:** 560 NW CANOE PARK CIRCLE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** VP#1  
**Name:** WEBER, BILL  
**Address:** 430 NW LAKE WHITNEY PLACE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

**Title:** VP#2  
**Name:** DAY, DON  
**Address:** 624 NE CANOE PARK CIRCLE  
**City-St-Zip:** PORT ST. LUCIE, FL 34986

**Title:** S  
**Name:** VAN DER SCHIE, JOEL  
**Address:** 633 NE MOSS ROSE PLACE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** D  
**Name:** SOMMERS, MICHAEL  
**Address:** 430 NW LAKE WHITNEY PLACE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

**Title:** D  
**Name:** GREENE, BOB  
**Address:** 430 NW LAKE WHITNEY PLACE  
**City-St-Zip:** PORT ST LUCIE, FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BILL WEBER

VP

11/14/2013

Electronic Signature of Signing Officer or Director

Date